

**CITY OF GROVE CITY**

4035 Broadway  
Grove City, Ohio 43123  
(614) 277-3000  
Fax (614) 277-3011  
[www.ci.grove-city.oh.us](http://www.ci.grove-city.oh.us)

**RECEIVED****JUL 02 2013****SPECIAL USE PERMIT COMMISSION  
APPLICATION****FEE \$100.00**Date Submitted 7-1-13**PROJECT INFORMATION**

BUSINESS NAME			<u>A GREAT PLACE EARLY LEARNING ACADEMY</u>		
BUSINESS ADDRESS			<u>3131 Broadway, Grove City, Oh 43123</u>		
PARCEL TAX ID #			<u>040-011534-00</u>		
EXISTING ZONING			<u>Retail Commercial (C-2)</u>		
PROPERTY OWNER(S)			<u>JACOB Sudai / LEE - LILE MANG LLC</u>		
MAILING ADDRESS			<u>3131 Broadway Street, Grove City, Oh 43123</u>		
DAYTIME TELEPHONE		FAX NUMBER		E-MAIL	
<u>(614)-728-8016</u>		<u>( )</u>		<u>Sudaij@yahoo.com</u>	

**APPLICANT/AGENT**

NAME OF APPLICANT			<u>Kimberly Bradford</u>		
MAILING ADDRESS			<u>520 Hill Rd, Ste 968, Pickerington, Oh 43147</u>		
DAYTIME TELEPHONE		FAX NUMBER		E-MAIL	
<u>(614)-214-4915</u>		<u>( )</u>		<u>Kimbradford@yahoo.com</u>	
DESIGNATED CONTACT PERSON			DAYTIME TELEPHONE		
<u>Kimberly Bradford</u>			<u>(614)-214-4915</u>		

I, Kimberly Bradford, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant [Signature]Date 7-1-13Signature of Owner [Signature]Date 07-01-2013**FOR OFFICE USE ONLY**

DATE RECEIVED		PAYMENT RECEIVED/AMOUNT		CHECK NUMBER	
<u>7/2/13</u>					
RECEIVED BY			DATE SCHEDULED FOR PLANNING COMMISSION		
<u>KS</u>			<u>8/6</u>		
PROJECT ID #			PLANNING COMMISSION ACTION		
<u>201307020026</u>			APPROVED _____ DISAPPROVED _____		